



## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |                         |                                 |                                    |               |  |                                      |          | SMALL ENTITY TYPE ( |                        |       | OTHER THAN R SMALL ENTITY |                         |  |
|---|--|-------------------------|---------------------------------|------------------------------------|---------------|--|--------------------------------------|----------|---------------------|------------------------|-------|---------------------------|-------------------------|--|
| FOR   |  |                         | NUMBER FILED                    |                                    |               | NUMBER EXTRA                               |                                      | R/       | ATE                 | FEE                    | [     | RATE                      | FEE                     |  |
| BASIC FEE   |  |                         |                                 |                                    |               |  | ∢ :                                  |          |                     | 345.00                 | OR    |                           | 690.00                  |  |
| TOTAL CLAIMS  |  |                         | M minus 20                      |                                    |               | *.   |                                      | X        | 9=                  |                        | OR    | X\$18=                    |                         |  |
| INDEPENDENT CLAIMS  |  |                         | minus 3                         |                                    |               | = *  |                                      | X        | 39=                 |                        | OR    | X78=                      |                         |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |                         |                                 |                                    |               |  | +1                                   | 30=      |                     | OR                     | +260= | ·                         |                         |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |                         |                                 |                                    |               |  |                                      | TC       | TAL                 |                        | OR    | TOTAL                     | 690                     |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                         |  |                         |                                 |                                    |               |  |                                      | •        |                     |                        |       |                           | OTHER THAN SMALL ENTITY |  |
| AMENDMENT A   |  | REM/<br>AF              | AIMS<br>AINING<br>TER<br>DMENT  |                                    | Pf            | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                     | R/       | ATE                 | ADDI-<br>TIONAL<br>FEE |       | RATE                      | ADDI-<br>TIONAL<br>FEE  |  |
|   | Total  | · ./                    | 8                               | Minus                              | **            | 10   | =                                    | XS       | 9=                  | ·                      | OR    | X\$18=                    |                         |  |
|   | Independent  | *                       | <u> </u>                        | Minus                              | **:           |  | = /                                  | X        | 39=                 |                        | OR    | X78=                      |                         |  |
|   | FIRST PRESE  | NIAHO                   | IN OF MC                        | JULIPLE DEF                        | ENL           | JENI CLAIM                                 |                                      | +1       | 30=                 |                        | OR    | +260=                     |                         |  |
|   | (Column 1) (Column 2) (Column 3)                             |                         |                                 |                                    |               |  |                                      |          | TOTAL<br>T. FEE     |                        |       | TOTAL<br>ADDIT. FEE       |                         |  |
|   |  |                         |                                 |                                    |               |  |                                      | ,,,,,,,, | اساس                |                        | •     |                           |                         |  |
| AMENDMENT B   |  | CL<br>REM<br>AF<br>AMEN |                                 |                                    |               | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                     | R/       | ATE                 | ADDI-<br>TIONAL<br>FEE |       | RATE                      | ADDI-<br>TIONAL<br>FEE  |  |
|   | Total  |                         | X                               | Minus                              | **            | 20   | =                                    | X        | 9=                  |                        | OR    | X\$18=                    |                         |  |
|   | Independent  | * 1                     | MOEN                            | Minus                              | **            |  | =                                    | X        | 39=                 |                        | OR    | X78=                      |                         |  |
|   | FINOI PRESE  | N OF M                  | JETTE DEF                       | - CINI                             | DENT CLAIM    |  | +1                                   | 30=      |                     | OR                     | +260= |                           |                         |  |
|   |  |                         |                                 |                                    |               |  |                                      | ADDI     | TOTAL<br>T. FEE     | -0-                    |       | TOTAL<br>ADDIT. FEE       | <b>₹</b> )~             |  |
| (Column 1) (Column 2) (Column 3)  |  |                         |                                 |                                    |               |  |                                      |          |                     |                        |       |                           |                         |  |
| AMENDMENT C   | l. *y  | , REM.                  | AIMS<br>AINING<br>TER<br>IDMENT | ,                                  | PI            | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                     | RA       | ATE                 | ADDI-<br>TIONAL<br>FEE |       | RATE                      | ADDI-<br>TIONAL<br>FEE  |  |
|   | Total  | . 6                     | 30                              | Minus                              | **            | 20   | = -                                  | X        | S 9=                |                        | OR    | X\$18=                    |                         |  |
|   | Independent  | *                       | 3                               | Minus                              | **            | 9  | = _                                  | X        | 39=                 |                        | OR    | X78=                      |                         |  |
| Ļ   | FIRST PRESE  | NTATIC                  | N OF MU                         | JLTIPLE DEF                        | PENI          | DENT CLAIM                                 |                                      |          |                     |                        |       | ,000                      |                         |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |                         |                                 |                                    |               |  |                                      |          |                     |                        | OR    | +260=                     |                         |  |
| **  | If the "Highest Nu<br>If the "Highest Nu<br>The "Highest Num | mber Pre                | eviously Pa<br>eviously Pa      | aid For" IN THI<br>aid For" IN THI | S SP<br>IS SP | ACE is less that<br>PACE is less that      | n 20, enter "20."<br>n 3, enter "3." | ADDI     | T. FEE              | propriate bo           |       | ADDIT. FEE                |                         |  |